



**HAWAII STATE ETHICS COMMISSION**  
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**LOBBYIST REGISTRATION FORM**

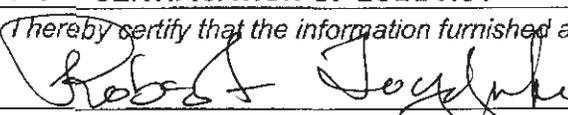
STATE OF HAWAII  
 STATE ETHICS COMMISSION

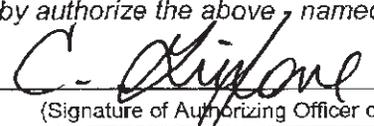
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Toyofuku	Robert	S.	808-524-4155
MAILING ADDRESS (Street)			FAX 808-524-0573
1000 Bishop Street, Suite 503			EMAIL toyofuku@hiadvocates.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
BT Consulting, Inc. dba Advocates			
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
KPMG LLP			808-540-2800
MAILING ADDRESS (Street)			FAX
P. O. Box 4150			EMAIL cgrifone@kpmg.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96812-4150	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Carlo Grifone			916-804-7644
MAILING ADDRESS (Street)			FAX
same as above			EMAIL
(City)	(State)	(Zip Code)	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST	
<i>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
	10-14-2014
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Carlo Grifone	Principal	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
KPMG LLP	808-540-2800	
MAILING ADDRESS (Street)	FAX	
P.O. Box 4150	EMAIL	
	cgrifone@kpmg.com	
(City)	(State)	(Zip Code)
Honolulu	HI	96812-4150
<i>I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.</i>		
	10/1/2014	
(Signature of Authorizing Officer or Person Represented)	(Date)	